

not in complaint, but in inquiry, after this fashion: "My dear, what ought a trained nurse to do for one? *My nurse did not wash me during all the ten days I was in bed*, except just my face and hands." Imagine the chagrin and mortification of this daughter, her mother no doubt thinking that all nurses were alike.

The other case was an obstetrical one, in a well-to-do home, where there was every comfort that money could buy, but in the country, where domestic help is not always to be had.

It so happened that the lady of the house could not at once replace a cook who had left, and had to do the cooking herself in the interregnum.

The nurse, who had been called well before the time so as to be on hand, and who was being paid her twenty-five dollars a week while waiting, *sat in that house for more than a week* before the birth occurred, and read novels, seated in a rocking-chair, while the expectant mother went to the kitchen three times a day to prepare meals.

Now both these stories are true, and what must these patients think of nurses?

AN INQUIRER.

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DEAR EDITOR: I would like to ask one question in regard to waiting for an obstetrical case—what a nurse should do, especially in regard to a doctor's family? The daughter is to be confined at home and her father is a doctor. I would like to know other nurses' opinion. For my part, if the doctor had to pay the bill, in this or any other sickness, I would not set any price. Now, in regard to an obstetrical case, where the daughter's husband pays the bills and the doctor just gets the nurse, should I charge twenty-five dollars, or make a reduction?

And in regard to waiting, in cases of this kind, what should be the price, or should there be any? With a doctor in obstetrical work it is different; he can take other cases, but with a nurse, if she is engaged for a case at a certain time she has to wait, sometimes two to three weeks, and in the meantime, not being sure of herself, cannot take any other case. It means a loss for the nurse, and puts her in a position in which she does not know what to do or which way to turn.

E. C.

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DEAR EDITOR: There is so much said about introducing district nursing into the training-school curriculum; would it not be a good idea if some arrangement could be made in connection with our

County Homes or homes for the poor, to supply a pertinent need there along the line of district nursing?

For instance, let the county employ a trained nurse to act as superintendent, she having charge of a corps of senior nurses from the different hospitals of the county.

The length of service would depend upon the arrangement the hospitals would be willing to make with the county officers.

In this way successive service of skilled nursing could be given the poor unfortunate. The pupil nurses would become acquainted with people whose circumstances and environment have brought them into sad conditions, and, thus, they would obtain knowledge of a kind of work that some of the hospitals so much desire them to have.

Any who might think favorably of this plan could adjust it to the conditions existing in any section of the country.

FLORA L. NIEMANN,

Grand Rapids, Mich.

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DEAR EDITOR: After we have studied and worked hard for two or three years in the different hospitals to win our stripes, it is very discouraging to go into people's homes and see the domestic help wearing, in some cases, the exact uniform of our schools. Of course people have a perfect right to get this material and make it up as they see fit, but why don't we, if we cannot get a standard uniform, get some sort of an emblem, to be worn on the sleeve, such as that mentioned in the *Trained Nurse*—the state coat-of-arms, and the red cross? The state coat-of-arms would tell in what state we were registered, and the red cross would mean we were nurses.

I am heartily in favor of state registration, for I see the need of it more and more. Because some have failed is no reason why we should get discouraged. Let us all try to help and I am sure we shall win in the end.

E. C.

[Some distinguishing mark must be devised, but we think the use of the red cross would not be permitted. See "The Abuse of the Red Cross Insignia," on editorial page.—ED.]

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DEAR EDITOR: In reading a nursing magazine recently I came upon an allusion to "contact infection" in typhoid fever. Is such a thing possible? Just what did the writer mean?

A BACK NUMBER.

[We confess to being equally behind the times and ask to be enlightened.—ED.]